

**SAN BERNARDINO COUNTY SHERIFF  
WEEKENDER PROGRAM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
Last First Middle

AGE: \_\_\_\_\_ RACE: (Circle) White Hispanic Black Other SEX: M / ☒ F

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

DRIVER LIC #: \_\_\_\_\_ SSN: \_\_\_\_\_ SCARS/TATTOOS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

OTHER NAMES YOU USE: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

YOUR CURRENT OFFENSE: \_\_\_\_\_

Is there any reason you cannot do manual labor? Yes / No Why?: \_\_\_\_\_

Any medical problems or do you take medication?: \_\_\_\_\_

Are you pregnant? Yes / No \_\_\_\_\_ How far along? \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INMATES STATEMENT OF UNDERSTANDING**

1. I am able to perform and know of no reason why I should not perform manual labor.
2. I will follow the rules of the weekender program.
3. I will follow the directions of my supervisor with a cooperative attitude.
4. I will advise my supervisor and the work release staff of any absences regardless of the reason for the absence.
5. **I agree to report any illness/injury to my supervisor immediately.** I also understand that failure to report an injury may make me ineligible for compensation for that injury.
6. I understand that I must advise the work release staff of any change in my custody/commitment.
7. I understand that if I have any questions regarding my out date I should contact the work release staff and if I act on information from another source I may be considered unfit for the program.
8. I understand that if I leave my work site without permission from my supervisor that I will be a **NO SHOW** for the day.
9. I understand that if I miss a day on the program, I will not be allowed to make that day up on any other day I'm not assigned to.
10. I understand that it is the duty of the court and not the weekender program to compute credits, and any questions that I have regarding incorrect credits, will be handled through the sentencing court.
11. I understand that if I have a medical condition and do not notify the weekender staff, the administrative fee will not be refunded.

**I HEREBY CERTIFY THAT THE ABOVE STATEMENT AND INFORMATION IS TRUE AND CORRECT.  
UPON APPROVAL OF THIS APPLICATION, I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AGREE  
TO REPORT TO MY ASSIGNED WORK SITE AND FOLLOW THE RULES OF THE WORK PROGRAM. I ALSO  
UNDERSTAND THAT IF I FAIL TO FOLLOW THE RULES OF THE PROGRAM THAT I MAY BE DEEMED UNFIT  
FOR CONTINUED PARTICIPATION.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_